

2nd Year Administrators Individual Development Plan Summary Form

Submit this form to the Department of Education /Office of Educator Licensing and Development when you apply for your proficient practitioner license with your application, fee, initial practitioner license and passing scores from the Moodle account Online Self Assessment. It is highly recommended that all materials are submitted in one packet.

Please note: Superintendents with an Initial Practitioner license do not take the Online Self Assessment. They will submit this signed document, application, fee, and initial practitioner license.

2nd Year Administrator

Print Full Name: _____

Signed _____ Date _____

**Affirmation from the
Mentor/Principal/Director/Superintendent/School Board
Representative:**

I hereby affirm that the protégé above has successfully completed their IMAP internship Requirements

Print Full Name: _____

Signed _____ Date _____